

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: SCOTT LEE HOMES, INC. Date: _____

Address: 12 Adrian Street Phone: 9195532085

Directions to job site from Lillington: 210 TWDS ANGLER LEFT ON TO 55HWY 42 THRU

FUQUAY LEFT ONTO TRUELOVE RD SUB IS ON RIGHT

Subdivision: JONATHAN RIDGE Lot: _____

Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family

Total Project Cost: _____ Description of Proposed Work: _____

General Contractor Information

Heated SF 460 Crawl Space (X) Building Construction Cost \$ _____
Unheated SF _____ Slab () Acres Disturbed _____ Stories _____

SCOTT LEE HOMES, INC 919 553 2085
Building Contractor's Company Name Telephone

PO BOX 748 CLAYTON, NC 27520 33181
Address License #

Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers comp

Electrical Permit Information

Description of Work ELECTRICAL Electrical Cost \$ _____

TS Pole: Yes (X) No () Underground (X) Overhead ()

Permanent Service: Underground (X) Overhead () Service Size: 200 Amps

JEFF WILLIS ELECTRIC, INC. 919 550 4700
Electrical Contractor's Company Name Telephone

5805 CORNWALLIS RD GARNER 27529 15644
Address License #

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work HEATING AND AIR HVAC

Number of Units 2 Type System HEAT PUMP Mechanical Cost \$ _____

STEPHENSON HEATING & AIR, INC. 919 329 0686
Mechanical Contractor's Company Name Telephone

343 SHIPWASH DR GARNER NC 27529 18644
Address License #

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work PLUMBING

Number of Baths 2.5 Plumbing Cost \$ _____

C.C. Select Plumbing 919 625-0163
Plumbing Contractor's Company Name Telephone

421 Watters Rd Clayton N.C 27520 25464
Address License #

Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()

TriCity Insulation 1901Herring Ave Wilson NC 27896 18008497204

Insulation Contractor's Company Name & Address Telephone

Sprinkler System Information

Sprinkler Contractor's Company Name

Contact & Telephone

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information

Fire Alarm Contractor's Company Name

Contact & Telephone

Address

License #

Signature of Officer(s) of Corporation

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

Homeowners Applying to Build Their Own Home


Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.

Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed? ___ yes ___ no
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? ___ yes ___ no
3. Do you intend to directly control & supervise construction activities? ___ yes ___ no
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? ___ yes ___ no
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit? ___ yes ___ no

Sign & date

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if any changes occur including listed contractors, site plan, building and trade plans, Environmental Health permit changes or proposed use changes. I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.


Signature of Owner/Contractor/Officer(s) of Corporation

14 NOV 18
Date

**Affidavit for Worker's Compensation
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # _____ being the:

- XXX _____ General Contractor
- _____ Owner
- _____ Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

XXX _____ Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.

_____ Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.

XXX _____ Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.

_____ Has/have not more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Firm Name: Showcase Construction, Co

Sign/Title: _____

Date: 14 NOV 08